

United States Bankruptcy Court
Eastern District of Missouri

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Mortika, John,				Name of Joint Debtor (Spouse) (Last, First, Middle):			
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):			
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN(if more than one, state all): 5592				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN(if more than one, state all):			
Street Address of Debtor (No. & Street, City, and State): 1655 E Swan Circle St. Louis, MO				Street Address of Joint Debtor (No. & Street, City, and State):			
ZIP CODE 63144				ZIP CODE			
County of Residence or of the Principal Place of Business: St. Louis				County of Residence or of the Principal Place of Business:			
Mailing Address of Debtor (if different from street address):				Mailing Address of Joint Debtor (if different from street address):			
ZIP CODE				ZIP CODE			
Location of Principal Assets of Business Debtor (if different from street address above):							
ZIP CODE							

Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____	Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other _____	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13 </div> <div> <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding </div> </div>
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code.) </div> <div style="width: 48%;"> Nature of Debts (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts. </div> </div>		

Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b) See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. ----- Check all applicable boxes <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
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Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.	THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> 1-49</div> <div><input type="checkbox"/> 50-99</div> <div><input type="checkbox"/> 100-199</div> <div><input type="checkbox"/> 200-999</div> <div><input type="checkbox"/> 1,000-5,000</div> <div><input type="checkbox"/> 5,001-10,000</div> <div><input type="checkbox"/> 10,001-25,000</div> <div><input type="checkbox"/> 25,001-50,000</div> <div><input type="checkbox"/> 50,001-100,000</div> <div><input type="checkbox"/> Over 100,000</div> </div>	
Estimated Assets <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> \$0 to \$50,000</div> <div><input type="checkbox"/> \$50,001 to \$100,000</div> <div><input checked="" type="checkbox"/> \$100,001 to \$500,000</div> <div><input type="checkbox"/> \$500,001 to \$1 million</div> <div><input type="checkbox"/> \$1,000,001 to \$10 million</div> <div><input type="checkbox"/> \$10,000,001 to \$50 million</div> <div><input type="checkbox"/> \$50,000,001 to \$100 million</div> <div><input type="checkbox"/> \$100,000,001 to \$500 million</div> <div><input type="checkbox"/> \$500,000,001 to \$1 billion</div> <div><input type="checkbox"/> More than \$1 billion</div> </div>	
Estimated Liabilities <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> \$0 to \$50,000</div> <div><input type="checkbox"/> \$50,001 to \$100,000</div> <div><input type="checkbox"/> \$100,001 to \$500,000</div> <div><input type="checkbox"/> \$500,001 to \$1 million</div> <div><input type="checkbox"/> \$1,000,001 to \$10 million</div> <div><input type="checkbox"/> \$10,000,001 to \$50 million</div> <div><input type="checkbox"/> \$50,000,001 to \$100 million</div> <div><input type="checkbox"/> \$100,000,001 to \$500 million</div> <div><input type="checkbox"/> \$500,000,001 to \$1 billion</div> <div><input type="checkbox"/> More than \$1 billion</div> </div>	

<div style="display: flex; justify-content: space-between; font-size: small;"> Case 08-41212 Doc 30 Filed 05/15/08 Entered 05/15/08 13:07:43 Main Document Pg 2 of 17 </div> <p>Voluntary Petition (This page must be completed and filed in every case)</p>			Name of Debtor(s): John Mortika		
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.)					
Location Where Filed: NONE			Case Number:		Date Filed:
Location Where Filed:			Case Number:		Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)					
Name of Debtor: NONE			Case Number:		Date Filed:
District:			Relationship:		Judge:
<p style="text-align: center;">Exhibit A</p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>			<p style="text-align: center;">Exhibit B</p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> X Will Ridings Signature of Attorney for Debtor(s) William H. Ridings, Jr. </div> <div style="text-align: right;"> 5/15/2008 Date 38672/84392 </div> </div>		
Exhibit C					
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?					
<input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.					
<input checked="" type="checkbox"/> No					
Exhibit D					
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)					
<input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.					
If this is a joint petition:					
<input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.					
Information Regarding the Debtor - Venue (Check any applicable box)					
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.					
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.					
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.					
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.)					
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following).					
_____ (Name of landlord that obtained judgment)					
_____ (Address of landlord)					
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and					
<input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.					
<input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).					

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

John Mortika**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X s/ John MortikaSignature of Debtor **John Mortika****X Not Applicable**

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

5/15/2008

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

☐ I request relief in accordance with chapter 15 of Title 11, United States Code. Certified Copies of the documents required by § 1515 of title 11 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the Chapter of title 11 specified in the petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X Not Applicable

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

Date

Signature of Attorney**X Will Ridings**

Signature of Attorney for Debtor(s)

William H. Ridings, Jr. Bar No. 38672/84392

Printed Name of Attorney for Debtor(s) / Bar No.

Ridings Law Firm

Firm Name

2510 S Brentwood Blvd, Ste 205 St. Louis, MO 63144

Address

ridingslaw2003@yahoo.com**314-968-1313**

Telephone Number

314-968-1302

Fax Number

5/15/2008

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Not Applicable

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X Not Applicable

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X Not Applicable

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

In re **John Mortika**

Case No. _____

Debtor

(If known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status: single	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S):
Employment:	DEBTOR	SPOUSE
Occupation Sales		
Name of Employer Xpedx		
How long employed 10		
Address of Employer 2099 Corporate 44 Dr Fenton, MO 63026		

INCOME: (Estimate of average or projected monthly income at time case filed)

DEBTOR

SPOUSE

1. Monthly gross wages, salary, and commissions
(Prorate if not paid monthly.)

\$ 4,405.00 \$ _____

2. Estimate monthly overtime

\$ 0.00 \$ _____

3. SUBTOTAL

\$ 4,405.00 \$ _____

4. LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

\$ 1,234.00 \$ _____

b. Insurance

\$ 366.00 \$ _____

c. Union dues

\$ 0.00 \$ _____

d. Other (Specify) _____

\$ 0.00 \$ _____

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ 1,600.00 \$ _____

6. TOTAL NET MONTHLY TAKE HOME PAY

\$ 2,805.00 \$ _____

7. Regular income from operation of business or profession or farm
(Attach detailed statement)

\$ 0.00 \$ _____

8. Income from real property

\$ 0.00 \$ _____

9. Interest and dividends

\$ 0.00 \$ _____

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.

\$ 0.00 \$ _____

11. Social security or other government assistance
(Specify) _____

\$ 0.00 \$ _____

12. Pension or retirement income

\$ 0.00 \$ _____

13. Other monthly income

(Specify) _____

\$ 0.00 \$ _____

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ 0.00 \$ _____

15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ 2,805.00 \$ _____

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

\$ 2,805.00

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document.:

NONE

In re John Mortika

Debtor

Case No. _____
(If known)**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	<u>1,127.00</u>
a. Are real estate taxes included? Yes <u>✓</u> No _____		
b. Is property insurance included? Yes <u>✓</u> No _____		
2. Utilities: a. Electricity and heating fuel	\$	<u>220.00</u>
b. Water and sewer	\$	<u>0.00</u>
c. Telephone	\$	<u>75.00</u>
d. Other <u>condo fee</u>	\$	<u>146.00</u>
3. Home maintenance (repairs and upkeep)	\$	<u>35.00</u>
4. Food	\$	<u>250.00</u>
5. Clothing	\$	<u>70.00</u>
6. Laundry and dry cleaning	\$	<u>50.00</u>
7. Medical and dental expenses	\$	<u>30.00</u>
8. Transportation (not including car payments)	\$	<u>250.00</u>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	<u>0.00</u>
10. Charitable contributions	\$	<u>0.00</u>
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	<u>0.00</u>
b. Life	\$	<u>0.00</u>
c. Health	\$	<u>0.00</u>
d. Auto	\$	<u>115.00</u>
e. Other _____	\$	<u>0.00</u>
12. Taxes (not deducted from wages or included in home mortgage payments)		
(Specify) <u>personal property</u>	\$	<u>30.00</u>
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	<u>0.00</u>
b. Other _____	\$	<u>0.00</u>
14. Alimony, maintenance, and support paid to others	\$	<u>0.00</u>
15. Payments for support of additional dependents not living at your home	\$	<u>0.00</u>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	<u>0.00</u>
17. Other _____	\$	<u>0.00</u>
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$	<u>2,398.00</u>

19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:

20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I	\$	<u>2805.00</u>
b. Average monthly expenses from Line 18 above	\$	<u>2,398.00</u>
c. Monthly net income (a. minus b.)	\$	<u>407.00</u>

B6 Declaration (Official Form 6 - Declaration) (12/07)

In re John Mortika
Debtor

Case No. _____
(If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 4 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: 5/15/2008

Signature: s/ John Mortika
John Mortika

Debtor

[If joint case, both spouses must sign]

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

(NOT APPLICABLE)

B22C (Official Form 22C) (Chapter 13) (01/08)

In re **John Mortika**

Debtor(s)

Case Number:

(If known)

According to the calculations required by this statement:

- ☐ The applicable commitment period is 3 years.
☒ The applicable commitment period is 5 years.
☒ Disposable income is determined under § 1325(b)(3)
☐ Disposable income is not determined under § 1325(b)(3)
 (Check the boxes as directed in Lines 17 and 23 of this statement.)

**CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME
AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME**

In addition to Schedules I and J, this statement must be completed by every individual Chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

Part I. REPORT OF INCOME					
1	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. <input checked="" type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10. b. <input type="checkbox"/> Married. Complete both Column A ("Debtor's Income") and Column B (Spouse's Income) for Lines 2-10.				
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.			Column A Debtor's Income	Column B Spouse's Income
2	Gross wages, salary, tips, bonuses, overtime, commissions.			\$4,405.00	\$
3	Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV.			\$0.00	\$
	a.	Gross Receipts	\$ 0.00		
	b.	Ordinary and necessary business expenses	\$ 0.00		
	c.	Business income	Subtract Line b from Line a		
4	Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part IV.			\$0.00	\$
	a.	Gross Receipts	\$ 0.00		
	b.	Ordinary and necessary operating expenses	\$ 0.00		
	c.	Rent and other real property income	Subtract Line b from Line a		
5	Interest, dividends, and royalties.			\$0.00	\$
6	Pension and retirement income.			\$0.00	\$
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse.			\$0.00	\$
8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:			\$	\$
	Unemployment compensation claimed to be a benefit under the Social Security Act		Debtor \$ _____		

9	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. <table border="1"><tr><td>a.</td><td></td><td>\$</td></tr></table>	a.		\$	\$0.00	\$
a.		\$				
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 thru 9 in Column B. Enter the total(s).	\$4,405.00	\$			
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.	\$ 4,405.00				
Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD						
12	Enter the amount from Line 11.	\$ 4,405.00				
13	Marital adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero. <table border="1"><tr><td>a.</td><td></td><td>\$</td></tr></table> Total and enter on Line 13.	a.		\$	\$0.00	
a.		\$				
14	Subtract Line 13 from Line 12 and enter the result.	\$ 4405.00				
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.	\$ 52,860.00				
16	Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: <u>MO</u> b. Enter debtor's household size: <u>1</u>	\$ 36,702.00				
17	Application of § 1325(b)(4). Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and continue with this statement. <input checked="" type="checkbox"/> The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with this statement.					
Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME						
18	Enter the amount from Line 11.	\$ 4,405.00				

19	Marital adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero. <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 5%; text-align: center;">a.</td><td style="width: 60%;"></td><td style="width: 5%; text-align: center;">\$</td><td style="width: 30%;"></td></tr></table> Total and enter on Line 19.	a.		\$		\$ 0.00																				
a.		\$																								
20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.	\$ 4405.00																								
21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.	\$ 52860.00																								
22	Applicable median family income. Enter the amount from Line 16	\$ 36,702.00																								
23	Application of § 1325(b)(3). Check the applicable box and proceed as directed. <input checked="checked" type="checkbox"/> The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. <input type="checkbox"/> The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Parts IV, V, or VI.																									
Part IV. CALCULATION OF DEDUCTIONS FROM INCOME																										
Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)																										
24A	National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	\$ 494.00																								
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 16b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B. <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th colspan="3">Household members under 65 years of age</th><th colspan="3">Household members 65 years of age or older</th></tr></thead><tbody><tr><td style="width: 5%; text-align: center;">a1.</td><td style="width: 45%;">Allowance per member</td><td style="width: 15%; text-align: right;">54.00</td><td style="width: 5%; text-align: center;">a2.</td><td style="width: 45%;">Allowance per member</td><td style="width: 15%; text-align: right;">144.00</td></tr><tr><td style="text-align: center;">b1.</td><td>Number of members</td><td style="text-align: right;">1.00</td><td style="text-align: center;">b2.</td><td>Number of members</td><td style="text-align: right;">0.00</td></tr><tr><td style="text-align: center;">c1.</td><td>Subtotal</td><td style="text-align: right;">54.00</td><td style="text-align: center;">c2.</td><td>Subtotal</td><td style="text-align: right;">0.00</td></tr></tbody></table>	Household members under 65 years of age			Household members 65 years of age or older			a1.	Allowance per member	54.00	a2.	Allowance per member	144.00	b1.	Number of members	1.00	b2.	Number of members	0.00	c1.	Subtotal	54.00	c2.	Subtotal	0.00	\$ 54.00
Household members under 65 years of age			Household members 65 years of age or older																							
a1.	Allowance per member	54.00	a2.	Allowance per member	144.00																					
b1.	Number of members	1.00	b2.	Number of members	0.00																					
c1.	Subtotal	54.00	c2.	Subtotal	0.00																					
25A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court).	\$ 346.00																								

25B	<p>Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.</p> <table border="1"><tr><td>a.</td><td>IRS Housing and Utilities Standards; mortgage/rent expense</td><td>\$ 742.00</td></tr><tr><td>b.</td><td>Average Monthly Payment for any debts secured by home, if any, as stated in Line 47.</td><td>\$ 1,127.00</td></tr><tr><td>c.</td><td>Net mortgage/rental expense</td><td>Subtract Line b from Line a</td></tr></table>	a.	IRS Housing and Utilities Standards; mortgage/rent expense	\$ 742.00	b.	Average Monthly Payment for any debts secured by home, if any, as stated in Line 47.	\$ 1,127.00	c.	Net mortgage/rental expense	Subtract Line b from Line a	\$ 0.00
a.	IRS Housing and Utilities Standards; mortgage/rent expense	\$ 742.00									
b.	Average Monthly Payment for any debts secured by home, if any, as stated in Line 47.	\$ 1,127.00									
c.	Net mortgage/rental expense	Subtract Line b from Line a									
26	<p>Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p>	\$									
27A	<p>Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$ 173.00									
27B	<p>Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$ 0.00									
28	<p>Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)</p> <p><input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. Do not enter an amount less than zero.</p> <table border="1"><tr><td>a.</td><td>IRS Transportation Standards, Ownership Costs</td><td>\$ 478.00</td></tr><tr><td>b.</td><td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47.</td><td>\$</td></tr><tr><td>c.</td><td>Net ownership/lease expense for Vehicle 1</td><td>Subtract Line b from Line a</td></tr></table>	a.	IRS Transportation Standards, Ownership Costs	\$ 478.00	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47.	\$	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a	\$ 478.00
a.	IRS Transportation Standards, Ownership Costs	\$ 478.00									
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47.	\$									
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a									

29	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero. <table border="1"><tr><td>a.</td><td>IRS Transportation Standards, Ownership Costs</td><td>\$ 0.00</td></tr><tr><td>b.</td><td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47</td><td>\$</td></tr><tr><td>c.</td><td>Net ownership/lease expense for Vehicle 2</td><td>Subtract Line b from Line a</td></tr></table>	a.	IRS Transportation Standards, Ownership Costs	\$ 0.00	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	\$	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a	\$ 0.00			
a.	IRS Transportation Standards, Ownership Costs	\$ 0.00												
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	\$												
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a												
30	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.	\$ 1,264.00												
31	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.	\$ 0.00												
32	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.	\$ 0.00												
33	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49.	\$ 0.00												
34	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.	\$												
35	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.	\$												
36	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39.	\$ 366.00												
37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	\$												
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.	\$ 3,175.00												
Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 24-37														
39	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. <table border="1"><tr><td>a.</td><td>Health Insurance</td><td>\$ 0.00</td></tr><tr><td>b.</td><td>Disability Insurance</td><td>\$</td></tr><tr><td>c.</td><td>Health Savings Account</td><td>\$</td></tr><tr><td></td><td>Total: Add Lines a, b and c</td><td></td></tr></table> Total and enter on Line 39 If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$ _____	a.	Health Insurance	\$ 0.00	b.	Disability Insurance	\$	c.	Health Savings Account	\$		Total: Add Lines a, b and c		\$ 0.00
a.	Health Insurance	\$ 0.00												
b.	Disability Insurance	\$												
c.	Health Savings Account	\$												
	Total: Add Lines a, b and c													

40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.	\$
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.	\$
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.	\$
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.	\$
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.	\$ 0.00
46	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.	\$ 0.00

Subpart C: Deductions for Debt Payment

47	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.				
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	
a.	Citimortgage	1655 E Swan Circle	\$ 630.00	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
b.	Ditech	1655 E Swan Circle	\$ 497.00	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
Total: Add Lines a, b and c					\$ 1,127.00
48	Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.				
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount		
a.	Citimortgage	1655 E Swan Circle	\$ 81.00		
Total: Add Lines a, b and c					\$ 81.00
49	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 33.				\$ 0.00

50	Chapter 13 administrative expenses. Multiply the amount in line a by the amount in line b, and enter the resulting administrative expense. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"><tr><td style="width: 5%; text-align: center;">a.</td><td style="width: 60%;">Projected average monthly Chapter 13 plan payment.</td><td style="width: 35%;">\$</td></tr><tr><td style="text-align: center;">b.</td><td>Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</td><td>x 3.90</td></tr><tr><td style="text-align: center;">c.</td><td>Average monthly administrative expense of Chapter 13 case</td><td>Total: Multiply Lines a and b</td></tr></table>	a.	Projected average monthly Chapter 13 plan payment.	\$	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	x 3.90	c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b	\$ 0.00
a.	Projected average monthly Chapter 13 plan payment.	\$									
b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	x 3.90									
c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b									
51	Total Deductions for Debt Payment. Enter the total of Lines 47 through 50.	\$ 1,208.00									
Subpart D: Total Deductions from Income											
52	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 38, 46, and 51.	\$ 4,383.00									
Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)											
53	Total current monthly income. Enter the amount from Line 20.	\$ 4,405.00									
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child	\$									
55	Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).	\$									
56	Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.	\$ 4,383.00									
57	Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. You must provide your case trustee with documentation of these expenses and you must provide a detailed explanation of the special circumstances that make such expenses necessary and reasonable. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"><thead><tr><th style="width: 5%;"></th><th style="width: 60%;">Nature of special circumstances</th><th style="width: 35%;">Amount of expense</th></tr></thead><tbody><tr><td style="text-align: center;">a.</td><td></td><td>\$</td></tr><tr><td colspan="2" style="text-align: right;">Total: Add Lines a, b, and c</td><td></td></tr></tbody></table>		Nature of special circumstances	Amount of expense	a.		\$	Total: Add Lines a, b, and c			\$ 0.00
	Nature of special circumstances	Amount of expense									
a.		\$									
Total: Add Lines a, b, and c											
58	Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, 56, and 57 and enter the result.	\$ 4,383.00									
59	Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result.	\$ 22.00									
Part VI. ADDITIONAL EXPENSE CLAIMS											
60	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"><thead><tr><th style="width: 5%;"></th><th style="width: 60%;">Expense Description</th><th style="width: 35%;">Monthly Amount</th></tr></thead><tbody><tr><td style="text-align: center;">a.</td><td></td><td>\$</td></tr><tr><td colspan="2" style="text-align: right;">Total: Add Lines a, b, and c</td><td>\$ 0.00</td></tr></tbody></table>		Expense Description	Monthly Amount	a.		\$	Total: Add Lines a, b, and c		\$ 0.00	
	Expense Description	Monthly Amount									
a.		\$									
Total: Add Lines a, b, and c		\$ 0.00									

Part VII: VERIFICATION	
61	<p>I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this a joint case, both debtors must sign.)</i></p> <p style="margin-left: 100px;">Date: <u>5/15/2008</u> Signature: <u>s/ John Mortika</u></p> <p style="margin-left: 300px;">John Mortika, (Debtor)</p>

Income from all other sources (continued)

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Part II .Marital Adjustment (continued)

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Part III .Marital Adjustment (continued)

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Deduction For Special Circumstances.(continued)

	Nature of special circumstances	Amount of expense

Other Expenses (continued)

	Expense Description	Monthly Amount

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MISSOURI

In re

)

)

Case No. _____

)

John Mortika

)

Chapter 13

)

)

ATTORNEY FEE ELECTION

)

Attorney Fee Election Form

Under Local Rule 2016-3 A., attorneys for debtors in Chapter 13 cases must disclose which fee election option the attorney elects using this Attorney Fee Election Form, and must file this Form with the bankruptcy petition. If this Attorney Fee Election Form is not filed with a Chapter 13 petition, the Chapter 13 Trustee will object to the confirmation of the Chapter 13 plan, and counsel may not be eligible for the "Flat Fee Option."

Select one:

✓

Flat Fee Option - The undersigned counsel agrees to payment of \$3,000.00 (plus the filing fee if the filing fee is advanced) for all legal services rendered in connection with the above-styled case through case conclusion as set forth in Local Rule 2016-3 C.

Fee Application Option - The undersigned counsel agrees to file fee applications for all compensation in accordance with Local Rules 2016-1 and 2016-3 A. 2. No application is necessary for an "initial fee" of \$2,300 (plus the filing fee if the filing fee is advanced)

Will Ridings

Attorney Name.: **William H. Ridings, Jr.**

District Court No.: **38672/84392**

State Registration No.:

Law Firm Name: **Ridings Law Firm**

Address: **2510 S Brentwood Blvd, Ste 205**

St. Louis, MO 63144

ridingslaw2003@yahoo.com

Telephone No.: **314-968-1313**

Fax No.: **314-968-1302**

E-mail address: **ridingslaw2003@yahoo.com**

Dated: **5/15/2008**

Certificate of Service

(See L.B.R. 9004-1 D.) (must be served on the Chapter 13 trustee and the debtor)

UNITED STATES BANKRUPTCY COURT
Eastern District of Missouri

In re: John Mortika
Debtor

Case No. _____
Chapter 13

**DISCLOSURE OF COMPENSATION OF ATTORNEY
FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>3,000.00</u>
Prior to the filing of this statement I have received	\$	<u>350.00</u>
Balance Due	\$	<u>2,650.00</u>

2. The source of compensation paid to me was:

☐ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☐ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a) Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b) Preparation and filing of any petition, schedules, statement of affairs, and plan which may be required;
- c) Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d) Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e) [Other provisions as needed]

None

6. By agreement with the debtor(s) the above disclosed fee does not include the following services:

None

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: 5/15/2008

Will Ridings

Attorney Name.: **William H. Ridings, Jr.**

District Court No.: **38672/84392**

State Registration No.:

Law Firm Name: **Ridings Law Firm**

Address: **2510 S Brentwood Blvd, Ste 205**

St. Louis, MO 63144

ridingslaw2003@yahoo.com

Telephone No.: **314-968-1313**

Fax No.: **314-968-1302**

E-mail address: **ridingslaw2003@yahoo.com**